

NOW, THEREFORE, IT IS CONSIDERED, ADJUDGED, AND ORDERED THAT the Petitioner, proceed to have performed upon (patient), the operation of such operation to be performed by on any day between the . . . day of 19. . . and the . . . day of, 19. . .; Provided, that nothing in this order shall prevent or interfere in any manner with the right of the patient or guardian or next of kin of such patient to select competent physicians of their own choice to perform such operation at the patient's expense.

Provided further, that nothing contained in this order shall be construed to authorize the interruption or termination of pregnancy in any case where the same is known to exist.

SIGNED:

.

.

.

.
Members of the Eugenics Board
of North Carolina.

This. . . day of. 19. . .

CERTIFICATE OF SURGEON

THIS IS TO CERTIFY that I have this day sterilized, or asexualized
. (name of patient) by doing a
. (type of operation).

Signed:, M.D.

Date.

NOTE: File with Secretary of Eugenics Board of North Carolina, Box 2599, Raleigh, N. C.

Petitioner: Please fill in form on back of this sheet.

Sterilization does not mean castration, nor sterilization by X-Ray.

Form No. 5 - Authorization of Petitioner to Surgeon.

NORTH CAROLINA,

. COUNTY.

IN RE: STERILIZATION OR ASEXUALIZATION
OF

.

) Before the
) EUGENICS BOARD OF NORTH CAROLINA

) LETTER OF AUTHORIZATION

) TO SURGEON